

## PATIENT

Aquiles Perez

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

71 Pounds

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Dr. Elda Kwong

## HOSPITAL NAME

Petvax AH

## REFERRING VET

Dr. Elda Kwong

## INVOICE

36453

## DATE

3/30/26

## PRESENTING CLINICAL SIGNS

- Aquiles presented for GI upset 2 days ago and medical management was elected.
- Over the weekend, he worsened and developed epistaxis.
- On re-presentation today, he is found to be icteric with elevated liver values and anemia (with normal platelets).
- He is vaccinated for Leptospirosis. He potentially drank from street run off last week.
- Abnormal PE/Chem/CBC/UA Results: Jaundice and abdominal discomfort on today's exam. HCT 36.2, Monocytes 1.27, ALT 1624, ALP (too high to read), GGT 41, TBili 13.6, Chol 453, K 3.3, Cl 99, globulins 4.8, bilirubinuria

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Small urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Small hypoechogenic prostate was noted.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.8 cm. The right kidney measured 7.5 cm. Normal color flow pattern was evident in both kidneys.

### *Adrenal Glands*

The left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.48 cm and 0.47 cm in width.

The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### *Spleen*

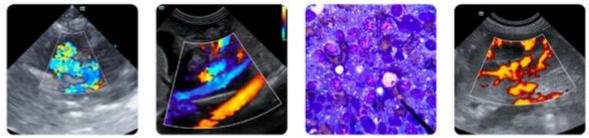
Normal size (2.0 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

### *Liver*

Normal size, with a patchy increased echogenic appearance, normal portal markings, and a regular curvilinear capsule. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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## *Gastrointestinal*

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

## *Pancreas*

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

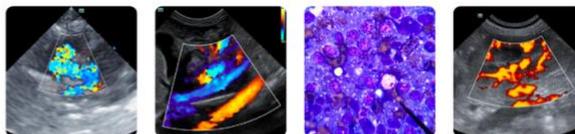
- Hepatopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be acute hepatitis, such as toxins, viral, bacterial and possibly leptospirosis. Further assessment would be leptospirosis PCR and possibly FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

Management of the acute hepatitis would be fluid therapy, correction of the hypokalemia, opioid analgesics, ursodiol, and feeding small frequent meals of a good quality protein diet.



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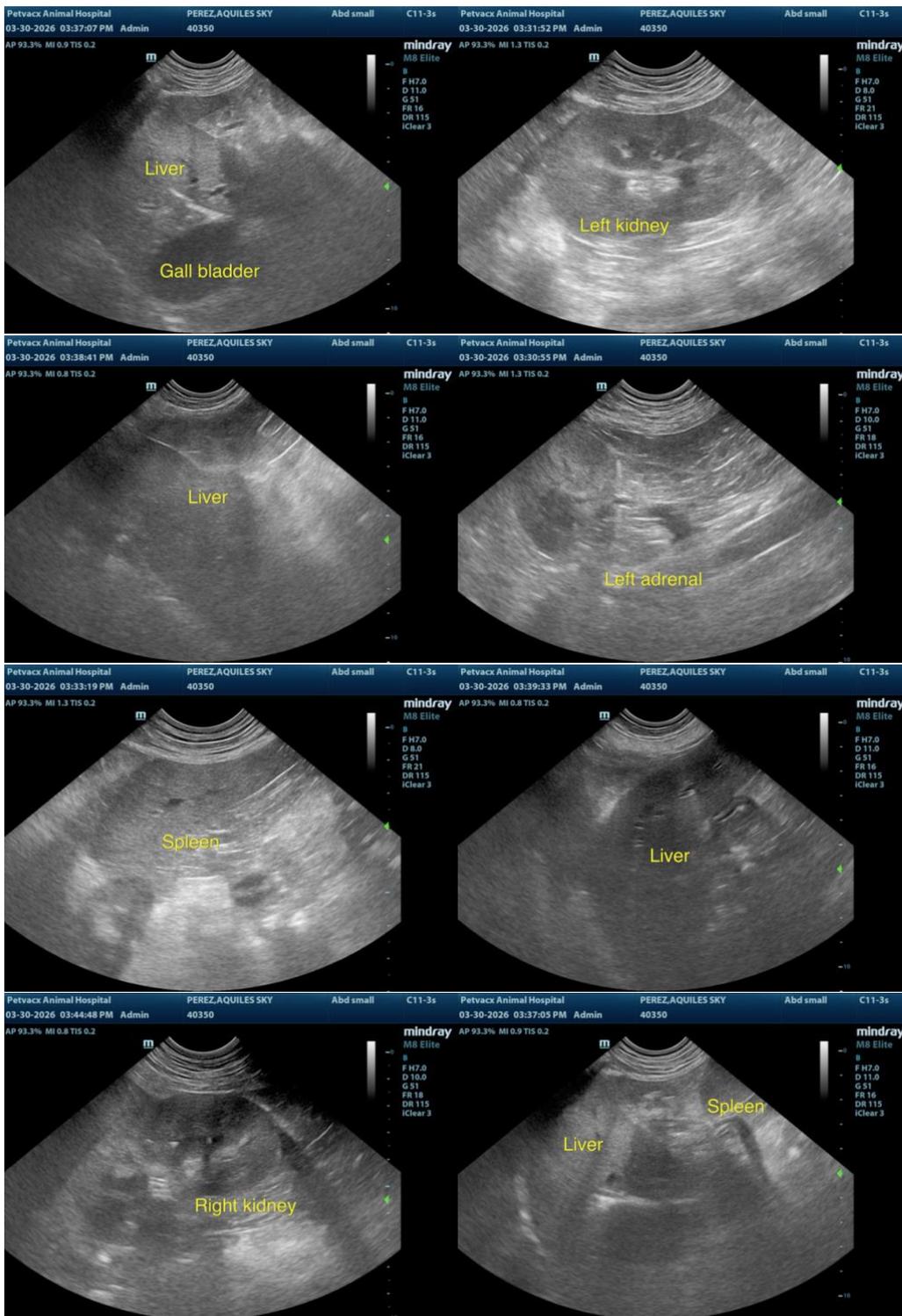
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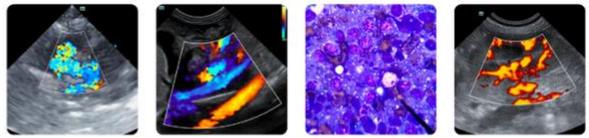
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**

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